Drs Tomson, Laskov & Associates
PR 14076119

Suite 403 Sea Point Medical Centre
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+27 21 439 6060
info@myfamily.gp

VAT #4340257478

Patient Consent

I understand and accept the following;

1. The patient and/or the person designated as responsible for payment of the account are responsible for the full and final settlement of this account.
2. The practice of Drs Tomson, Laskov & Associates (hereafter, "The Practice") is not contracted to any medical aid schemes or medical insurance providers.
3. The patient and/or the person designated as being responsible for the payment of the account also accepts responsibility in their own capacity to submit this account or claim for reimbursement of fees to third parties, e.g. medical aids, insurance companies, or other funders.
4. Fees for consultations are payable at the time of consultation.
5. In exceptional circumstances, an account will be sent to you after the consultation, payable upon receipt of the invoice.
6. Any accounts not settled within 30 days of invoice will be subject to interest charges of 10% (ten per cent per annum). We reserve the right to transfer your account to a debt collection agency if the account is not paid.
7. The Practice fees are charged for a standard-length consultation. Additional fees will be charged for consultations requiring more time, depending on the complexity of the problem. If you have a health concern that you believe requires more time with your doctor, it is your responsibility to book a longer appointment or inform reception at the time of booking.
8. Patients arriving late to their appointments will have their appointment duration commensurately shortened to avoid impeding other patients.
9. The Practice reserves the right to charge fees for services rendered telephonically, via email, or other electronic means, and for writing special motivations, chronic or acute medication scripts, as requested by telephone or other electronic means.
10. Fees may be levied for appointments not kept that have not been cancelled by the patient at least 2 (two) hours in advance.
11. Issues regarding fees should be discussed with your MyFamilyGP doctor, not the administrative staff. Decisions on financial requests remain with the practice owners.
12. Patients should immediately notify the administrators in writing of any change to address, contact information, or relevant medical information.

I also understand and accept: Confidentiality of records and protection of information

- I consent to the practice recording consultations and consultation notes using AI-assisted audio transcription via Heidi, and to typed clinical notes, which will be stored in my electronic health record on Halaxy.
- My medical record is a confidential document and is owned by the practice.
- If you wish to have a copy of your medical records, you are entitled to request a full copy in writing (subject to an administration fee for the copying thereof).
- We are often asked to disclose your personal information to third parties with whom you have signed an agreement. We will provide reports only if we have a signed release from you authorising us to do so, or a court order requiring us to do so.
- Our role as GPs often requires referral to specialists or other registered healthcare professionals, as registered with the HPCSA. We reserve the right to send the relevant information to these registered healthcare professionals if we feel it is in your interest to disclose this information. If you do not wish us to send any information to other registered healthcare professionals, please inform us in writing.
- Aspects of your medical record are currently kept both digitally and on paper and may be transitioned to fully digital storage in future.

This consent is valid for all future consultations that you have with The Practice.

So agreed and signed Patient Signature ----------

Today's Date ---------- Full Name in Print ----------